_Division	of Health Service Re	gulation				
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING;	E CONSTRUCTION 01		E BURVEY PLETED
		HAL068025	B. WING	·	05/	27/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESA, CITY, S	TATE, ZIP CODE		
THE STE	RATFORD		H LEVEL RO HILL, NO 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REPERENCED TO DEFICIENCE	HON SHOULD BE THE APPROPRIATE	OOMPLETS DATE
C 000	Initial Comments		C 000			
	Report of a Biennia conducted on 05/27	Survey by Billy S. Bryant //2016.	,			
	08/06/1996. The fac 77 Beds with a 33 F Therefore the facility					
	2005 Rules for Lice Seven of More Beds the 1996 Edition of Code(s), Institutions Rules for Licensing	ne applicable portions of the nsing of Adult Care Homes of s and applicable portions of the North Carolina Building all Occupancy and the 1998 of Adult Care Homes of s in effect at the time of initial				,
G 101	Existing Licensed Fa	ac- No less than '71 Rules	G 101			
	PHYSICAL PLANT in The physical plant recare home shall be a (2) Except where of licensed facilities or facilities shall meet in requirements in offer change in service or renovation, or alternative requirements for no addition or renovation these requirements.	APPLICATION OF REQUIREMENT'S aquirements for each adult applied as follows: herwise specified, existing portions of existing licensed icensure and code at the time of construction, bed count, addition, tion; however in no case shall any licensed facility where atton has been made, be less ents found in the 1971				
	"Minimum and Desir Regulations" for "Ho copies of which are a Health Service Regu This Rule is not met alth Service Regulation	mes for the Aged and Infirm", evallable at the Division of liation at no cost;				
ABORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVES SIGN	ATURE	TITLE		(X8) DATE
TATE FORM	ugue n	many Am.			04-20.11	6
		0	₩ G	13921	If continue	tion sheet 1 of 6

	ot Hourth Setaids M				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEN/GLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBERS		(X2) MULTIPLE CONSTRUCTION A SUILDING: 01		(X3) DATE SURVEY COMPLETED	
	- NUR	HALD68025	B. WING	<u> </u>	05/27/2016
NAMM OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
THE ST	RATFORD		H LEVEL RO HILL, NO 2:		
(X4) ID PREFIX TAG			JO PREFIX TAG	PROVIDER'S PLAN OF GORRECTE (EACH CORRECTIVE ACTION SHOUL GROSS-REPERENCED TO THE APPROX DEFICIENCY)	D.BE COMPLETE
G 101	Continued From pa	ge 1	C 101		
		ation the facility does not nents in effect at the time of		,	
	Finding on 08/27/2016: a. The lower level of the facility houses a pre- school. The door and door frame in the shared wall that separates the facility from the pre-school is not a fire resistant rated door. That is not in conformance with the requirement for a 1 hour fire resistant rated tenant separation. Verify with your local building official or other authority having jurisdiction that tenant separation is required.			We have contacted the local Fire Marshall. He is scheduled to instance and door frame in the share that separates the facility from the school on 7/6/2016. If we are recinstall a fire rated door our estimated completion date is 7/16/2016	pect the ed wall ne pre- quired to
C 164	Housekeeping and	Furnishings-Cléan, Repaired	C 164		
	FURNISHINGS  (a) Adult care home  (1) have waits, cellicoverings kept clear  (2) have ne chronic  (3) have fumiture of	s shall: ngs, and floors or floor nand in good repair;			
	This Rule is not me 1. Based on observa not in good repair.	t as evidenced by: ition a walls in the facility is			,
	Finding on 02/27/20 a. Room 201 - There bathroom wall where supply line has been	is a hole in the resident's the water closet water		Room 201 - the hole in the bathrowall will be repaired. Estimated completion date: 7/14/	I
C 166	Housekeeping-Main	tained Free of Hazards	C 166		
	SECTION ,0300 - PI	HYSICAL PLANT		•	
admino of the	LOWE CONTINUE BLANCHOUSE				

	of Health Service Ro NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	OOD DATE	SURVEY
AND PLAN OF CORRECTION JET STATEMENT AND PLAN OF CORRECTION NUMBER:		A, BUILDING		(XII) DATE SURVEY COMPLETED		
		B. WING	B. WING			
				STATE, ZIP CODE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	27/2016
HE ST	RATFORD		H LEVEL R			
		CHAPEL TEMENT OF DEFICIENCIES	HILL, NC 2			
(X4) ID PREFIX TAG	(EACH DEPICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE COMPLETE DATE
C 188	Continued From pa	go 2	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained is orderly manner, free hazards;	of HOUSEKEEPING AND as shall: han uncluttered, clean and a of all obstructions and apply to new and existing			,	
	bottles was not mail the facility free from are not stored in an otherwise restrained	ation the storage of oxygen ntained in a manner that kept hazards. Oxygen bottles that oxygen bottle rack or I from falling or being present a danger to the		All oxygen bottles are store pro	perly,	5/28/201
	Finding on 05/27/20 a. Oxygen bottles w and were not restrai knocked over.	16: ere stored standing upright ned form falling or being		All oxygen bottles are maintaine oxygen bottle rack that will prec hezerds.		5/28/201
	are not being kept of that accumulate on radiation dampers a performance of the it particulates on radia	ation the ceilings in the facility lean. Dust and particulates HVAC grilles, registers, and bove the grilles can effect the HVAC system. Dust and ation campers may hamper on in the event of a fire.				
	radiation dampers a exemplified by the a	016: C grilles, registers and re clogged with dust as xhaust grille and radiation xhaust grille in the beauty		We have cleaned HVAC grilles, r and radiation damper. Housekee has been inservice and has been a monthly schedule to follow.	ping	5/28/201

Division of Health Service Regulation FORM APPROVED						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/OLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER)		(X2) MOUTIFLE CONSTRUCTION		(X3) DATE SURVEY		
		A BUILDING: 01		COMPLETED		
		HAL098025	B. WING		05/2	7/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	okesa, ony	STATE, ZIP COPE		
THEST	RATFORD.	·	H LEVEL R HILL, NG 2			
(X4) iD PRNHX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	Prierix TAG	PROVIDER'S PLAN OF CORRECTION SHOULD GROSS-REPERENCED TO THE APPROPRIESES.	DEE 1	(XB) COMPLETS DATE
C 189	Continued From page	ge 3	C 189			
C 189	<b>Building Equipment</b>	Maintained Safe, Operating	C 189	P		
	mechanical, and plu care home shall be operating condition. (k) This Rule shall a facilities with the exc					
	meintain the facility's manner as evidence penetrations in the fi walls. Fire resistant the free of gaps and apread of fire and an Penetrations or holes ceilings and walls co	ation there is a failure to a fire safety systems in a safe of by gaps and open re resistant rated ceiling and rated ceilings and walls must openings in order to resist the noke in the event of a fire, as in fire resistant rated uid offect the occupants of g fire and smoke to spread				
	around the exhaust of fire resistant rated wo	m - There is a large hole fuct where it penetrates the all.		The large hole around the will be with UL rated fire caulk. Estimated completion: 7/15/2016		
	resistant rated wall w pipe has been sealer	m - The hole in the fire there it is penetrated by a I with an expanding foam not fire resistant rated.		The hole in the water heater will be sealed with UL Rated Fire caulk. Estimated completion:7/15/2016	•	
		tion there is a failure to fire safety systems in a safe			_	

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	OLOBBINI SQUARCE VE					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL068025	s, wing		05/	27/2016
NAME OF	PROVIDER OR BUPPLIER	STREET AD	DRESS, OTTY.	STATE, ZIP CODE		
THE OWN			H LEVEL RO			
THEST	ATFORD		HILL, NO 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDENS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) GROSS-REFERENCED TO THE APPROP DEFICIENCY)	13 HJH	OOMPLETE DATE
C 189	Continued From page	ge 4	C 189			
	manner. Fire safety maintained could fa required in the even the facility could be if fire safety system. Finding on 05/27/20 a. Sun Room - The unit duct smoke det.  3. Based on observe maintain the facility's safe operating conditated to not complete required to complete event of a fire in ord smoke or the spread the facility could be at the spread the sp	equipment that is not if to operates as intended and if of a fire. The occupants of effected in the event of a fire did not operate properly.  If 6 sampling tube for the HVAC ector is clogged with dust, ation there is a failure to a fire safety equipment in a little as evidenced by doors by close and latch. Doors are ely close and latch in the er to resist the passage of it of fire. All the occupants in effected if doors do not latch to as to limit the spread of		The clogged HVAC unit duct sma dectector will be cleaned. Estimated completion: 7/15/2016		
	Fining on 05/27/2014 a. S.C.U., Room 201 not latch to remain in	8; 7 - The door closes but does n the closed position.		The Room 207 door will be repair to where it will latch in the closed Estimated completion date: 7/15/	position	
	maintain the facility is means of egress/pai obstructions and end storage. In the event evacuation from the encreaching on the s	ation there is a failure to it a safe manner. Emergency thways must be kept clear of croachments and not used for tof an emergency requiring facility, obstructing or means of egress/pathways its of the facility by delaying				
	emergency exit door	ole was obstructing access to a surveyor was on site. Note:		This was corrected while surveyo was on site.	r	5/27/2016

Division of Health Service Regulation

	OF LIBRID CHAINING LA		Lancon and the select	- Tourn	
STATEMENT OF DEFICIENCIES (X1) PROVIDEN/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X8) DATE SURVEY COMPLETED	
7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		A. BUILDING	; 01	COMPLETE	
			l	'	
		HAL068025	B. WING		05/27/2016
NAME OF	PROVIDER OR SUPPLIER	ATRIPET AD	PRESS, CITY,	STATE, ZIP CODE	
学品表 非常	RATFORD	405 3MIT	H LEVEL RO	DAD	
TOP SELE	MITORD	CHAPEL	HILL, NC 27	7516	
(X4) ID PREPIX		TEMENT OF DEPICIENCIES	lb	PROVIDER'S PLAN OF CORRECTION	
YAG		MUST BE PRECEDED BY FULL, BC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL) OROSS-REFERENCED TO THE APPROP	DEE GOMPLEVE PRIATE DATE
C 199	Exhaust Ventilation		C 199		
	Paritiment Parisiment		,		
	SECTION .0300 - F				
	10A NCAC 13F .03	11 OTHER			
	REQUIREMENTS				
		ed in this Paragraph shall be ust ventilation at the rate of			
		ninute per square foot. This			
		ot apply to facilities licensed			
	before April 1, 1984	with natural ventilation in			
	these specified spa				
- 1	(1) solled linen stor				
	<ul><li>(2) soil utility room;</li><li>(3) bathrooms and</li></ul>	tollet meme:			
	(4) housekeeping o				
	(5) laundry area.	noocis, mro			
- 1		apply to new and existing			
	facilities with the ex	ception of Paragraph (e)			
	which shall not appl	y to existing facilities.			'
	This Rule is not me	of an auddenmand but		′	
		ation there is an absence of			
		n spaces required to have			
		Fallure to exhaust air from			
i		is could effect the occupants			
		removing odors, tumes or			
		ontaminates from areas or			
	rooms required to h	ave exhaust ventilation.			
	Finding on 05/27/20	10:			
. [	a. Laundry - The ext	haust fan is not working.		The laundry exhaust fan will be re	maired.
		and a super street stre	,	Estimated completion 7/15/2016	poli ou
	4	ı	'		
				,	

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